MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/553358**

FILING DATE

APPLICANT

		AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
		IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1						51							
2			1					52							
3								53							
4								54							
5								55							
6								56							
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29								79							
30								80							
31								81							
32		1						82							
33								83							
34			1					84							
35								85							
36								86							
37								87							
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39								89							
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42								92							
43								93							
44								94							
45								95							
46								96							
47								97							
48								98							
49								99							
50								100							
TOTAL IND.		3	⇓		⇓		⇓	TOTAL IND.			⇓		⇓		⇓
TOTAL DEP.		31	⇐		⇐		⇐	TOTAL DEP.			⇐		⇐		⇐
TOTAL CLAIM		34						TOTAL CLAIM							